



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 18, 2024

Shana Lee, Manager
Our House Residential Care Home
196 Mussey Street
Rutland, VT 05701-4551

Dear Ms. Lee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 28, 2024**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0360	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2024
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NAME OF PROVIDER OR SUPPLIER OUR HOUSE RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 196 MUSSEY STREET RUTLAND, VT 05701
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R100	Initial Comments: On 10/28/24 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey. The following regulatory deficiencies were identified:	R100		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse failed to develop written plans for the administration of two psychoactive PRN (as needed) medications by staff other than a nurse for one applicable resident (Resident #1). Findings include: The home's PRN Psychoactive Medications policy states, "Staff who meet the criteria to administer PRN medications may administer	R167	We have redeveloped our written behavior plan to include dose and frequency and this document includes "guidelines/steps to evaluate necessity to administer" Med staff will be trained to use the new form and document all accordingly. RN and Manager will monitor for compliance and accuracy. R167-Accepted 12-18-24 by LTCM	12/2/24

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **11/21/24**

STATE FORM 6899 RYJ811 If continuation sheet 1 of 7

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R167	<p>Continued From page 1</p> <p>PRN psychoactive medication ONLY WHEN A WRITTEN PLAN FOR THE USE OF THE MEDICATION HAS BEEN DEVELOPED ...[sic]"</p> <p>Per record review, Resident #1 's October 2024 Medication Administration Record includes orders for Trazodone 25 mg by mouth twice daily as needed and Quetiapine 25 mg by mouth twice daily as needed. These orders are incomplete, and do not include the specific frequency of administration and indications for use of these PRN psychoactive medications.</p> <p>Resident #1's record does not include written plans for the administration of PRN Trazodone and Quetiapine by staff other than a nurse as required. A single Written Behavior Plan on file includes a list of all scheduled and PRN psychoactive medications prescribed to Resident #1, however this plan does not include the specific information required for administration of each individual psychoactive PRN medication to Resident #1 by staff other than a nurse.</p> <p>On the afternoon of 10/28/23 the Owner acknowledged this finding and stated Behavior Flow Sheets maintained in the Medication Administration Record are utilized as the required PRN psychoactive plans for applicable residents of the home. The Behavior Flow Sheets referenced do not include all information required in a written plan for the administration of PRN psychoactive medications by staff other than a nurse.</p>	R167		
R179 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p>	R179		

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R179	<p>Continued From page 2</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ol style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure 1 out of 5 sampled staff completed the required yearly trainings. Findings include:</p> <p>The home's policy and procedures governing staff completion of required yearly trainings is consistent with the regulatory requirements.</p> <p>Per review of training record on file for a sample of 5 staff, 1 out of 5 sampled staff did not</p>	R179	<p>Provider does not agree with the interpretation of the regulation.</p> <p>The one staff member who did not have training documented is an RN who is approved by regulations to oversee required trainings. Per 5.11c</p> <p>RN's will complete independent trainings of the seven required subjects annually.</p> <p>Owner and Manager will create IT's and oversee and document the outcome for compliance.</p> <p>R179-Accepted 12-18-24 by LTCM</p>	12/17/24

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R179	Continued From page 3 complete any of the required yearly trainings. This finding was confirmed by the Owner at 1:12 PM on 10/28/24.	R179		
R189 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b. (3)</p> <p>For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure progress notes are maintained on file and available for review in the individual resident records for 3 out of 3 sampled residents of the home (Residents #1, #2, and #3). Findings include:</p> <p>The home's Resident Records including Care Plans and Assessments policy states the resident record must include Care Service Notes, and indicates 3 months of notes are to be stored in resident records .</p> <p>Upon review of resident records for a sample of 3 residents, the individual resident records for 3 out of 3 sampled residents included a section labeled as "Progress Notes", which included only</p>	R189	<p>Provider does not agree with the interpretation of the regulations.</p> <p>PCP's RN's or Managers do and will create periodic progress notes when applicable using the care service note form in addition to the daily shift ADL report as agreed to on 1 /1 /24 and 10/28/24 by approved POC by this surveyor</p> <p>RN's and Managers have been instructed to create a care service note at least weekly (or as needed when there is a specific need or event) to chart chronologically for compliance.</p> <p>Manager and RN will monitor for compliance.</p> <p>R189-Accepted as circled 12-18-24 by LTCM</p>	12/28/24

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R189	Continued From page 4 Treatment Administration Records documenting staff assistance with Activities of Daily Living. The "Progress Notes" section of 3 out of 3 sampled resident records did not contain written chronological narratives of the applicable Resident's care and presentation, and describe changes in the resident's condition and actions taken in response to changes. On the afternoon of 10/28/24 the Owner acknowledged the "Progress Notes" section of the individual resident records for all 3 sampled residents contained only Treatment Administration Records. This is a repeat citation.	R189		
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure development of policies and procedures governing maintenance of the home's physical environment to ensure care in a safe, sanitary, functional, comfortable and homelike environment. Findings include: On the afternoon of 10/27/24 the Owner of the home was requested to provide policies and procedures governing maintenance of the home's	R200	All staff, Managers and RN's are trained to report any break down of the physical plant from light bulbs to necessary equipment immediately. There is a monthly check done by maintenance to make sure all is in good working order. There is a "who do I call" list for such things, accessible to all staff and they are trained to use it. We will develop a written policy and procedure for the monthly or as needed maintenance checks. Manager and owner will monitor for compliance. R200-Accepted 12-18-24 by LTCM	12/6/24

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R200	Continued From page 5 physical environment for review. At 2:20 PM on 10/28/24 the Owner confirmed policies and procedures governing maintenance of the home's physical environment had not been developed.	R200		
R266 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure a safe, functional, homelike environment related to the condition of the laminate flooring in the common areas of the home. Findings include:</p> <p>At 11:45 AM on 10/28/24 sections of the flooring in the hallways and other common areas of the home were observed with breakage, cracking, and peeling at the edges and corners of the laminate planks.</p> <p>On the afternoon of 10/28/24 the Owner of the home acknowledged this finding. When asked if there is a plan to repair the damaged flooring, the Owner indicated there is a plan to complete repairs in the home "in the spring", however a specific plan to address the condition of the laminate flooring was not identified.</p> <p>At 2:20 PM on 10/28/24 the Owner confirmed policies and procedures governing maintenance</p>	R266	<p>All "breakage, cracking and peeling at the edges and corners of the laminate flooring" have been filled and sealed for safety.</p> <p>Maintenance will monitor for safety.</p> <p>Manager will monitor for compliance.</p> <p>R266-Accepted 12-18-24 by LTCM</p>	11/6/24

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R266	Continued From page 6 the home's physical environment have not been developed.	R266		